ST-110

Idaho State Tax Commission PETITION FOR SALES TAX RECORDS REDUCTION By a Retail Food Store

Business name			Idaho seller's permit	number
Address			Federal Employer Id (or social security number if employees)	
City State		Zip	. , ,	
As a food store retailer primarily engaged in the the responsibility of keeping detailed invoices for 63-3624(d), Idaho Code.		-		
If this petition is granted, I agree to maintain the Commission.	e substitute forms	of documentation	required by the I	daho State Tax
Check the nature of your retail food store.				
Grocery store	Meat or fish m	narket		
Fruit and vegetable market	Dairy products	store		
Candy, nut or confectionery store	Other food sto	re	(Specify)	
Retail bakery				
I certify that all statements I have made on this form are true and correct to the best of my knowledge.				
Authorized signature			Date	
Title			Phone number	
Mail to: Idaho State Tax Commission, P.O. Box 36, Boise, Idaho 83722-0410				
If you need help with this form, contact any Tax Commission Office, or call (208) 334-7694				
F(OR STATE USE O	NLY		
Your request for records reduction has be	en approved effect	tive		
Your request for records reduction has be right to appeal this decision are enclosed		reasons for this de	enial and informa	tion about your
				_
Idaho State Tax Commission, authorized signature	Ті	itle		Date